

# IMED, INC.

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## Notice of Independent Review Decision

**[Date notice sent to all parties]:**

**04/28/2015**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

CT angiogram left lower extremity with and/or without iv contrast 73706  
CT angiogram abdomen/pelvis with and/or without iv contrast 74174

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified General Surgery

### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who was injured on xx/xx/xx when she was struck by a motor vehicle resulting in right above the knee and left below the knee amputation. The patient had issues with post-operative coverage of the amputation sites and was recommended for free flap reconstructions in July of 2014. The patient was evaluated on 12/09/14 regarding the development of left buttock ulceration. This wound improved with therapy; however, the 01/06/15 wound therapy assessment noted a new wound over the left below the knee amputation stump site which was characterized as stage III pressure ulcer. The patient was recommended for CT angiogram of the abdomen and left thigh to evaluate the blood supply for additional grafting at the amputation site of the left knee. By 02/17/15 the left below the knee amputation ulcer healed. The patient was seen by on 02/27/15 for the possibility of free tissue transfer to improve the left below the knee amputation site for prosthetic device. The patient was again recommended for CT angiogram of the abdomen

and left thigh in order to evaluate for recipient sites for free tissue transfer and to perform a flap reconstruction utilizing abdominal graft. opined that CT angiogram provided clear road map of blood vessels in order to make the section more predictable. The requested CT angiogram of the lower extremities and abdomen and pelvis were denied by utilization review on 02/09/15 as there was lack of evidence of fractures or other conditions such as an osteoma or failure of a closed reduction. The request was again denied on 03/11/15 as there was no indication of any vascular compromise of the abdominal donor site to warrant CT angiogram of the abdomen. The reviewer felt that CT angiogram of the left lower extremity was warranted.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The patient suffered bilateral knee amputations with the left amputation below the knee. The patient had prior history of ulcerations of the left amputation site due to pressure. The patient was recommended for further consideration of free tissue transfer to the left lower extremity amputation site to better accommodate a prosthetic device. CT angiogram of the abdomen and pelvis and left lower extremity were recommended to identify appropriate transfer sites and provide a road map of vessel structure to allow for a more proficient surgery. Given the extent of trauma in the left lower extremity with multiple prior surgical interventions, it is the opinion of this reviewer that the CT angiogram left lower extremity with/without IV contrast would be medically appropriate in order to identify appropriate transfer tissue transfer sites and to determine whether a skin graft has a reasonable opportunity to survive at the targeted site. The clinical documentation submitted for review did not identify any indications of venous arterial insufficiency in the abdomen or pelvis that would reasonably require CT angiogram. Therefore it is the opinion of this reviewer that the CT angiogram of the abdomen and pelvis CPT code 74174 is not medically necessary. CT angiogram of the left lower extremity CPT code 73706 would be considered medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

Current Medical Diagnosis and Treatment, 2012.

Goroll A.H. Primary Care Medicine, 7<sup>th</sup> ed. ISBN/ISSN: 9781451151497.